## **Application Data Sheet**

Given Name::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	POLY-GLU, TYR FOR
	NEUROPROTECTIVE THERAPY
Attorney Docket Number::	EIS-SCHWARTZ21A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Michal

Middle Name:: **EISENBACH-SCHWARTZ** Family Name:: Name Suffix:: City of Residence:: Rehovot State or Province of Residence:: Country of Residence:: Israel Street of Mailing Address:: 5 Rupin Street City of Mailing Address:: Rehovot State or Province of Mailing Address:: Country of Mailing Address:: Israel 76353 Postal or Zip Code of Mailing Address:: **Applicant Authority Type:**: Inventor **Primary Citizenship Country::** Israel **Full Capacity** Status:: Given Name:: Ester Middle Name:: Family Name:: YOLES Name Suffix:: City of Residence:: D.N. Nahal Sorek State or Province of Residence:: Country of Residence:: Israel 94 Moshav Beit Gamliel Street of Mailing Address:: City of Mailing Address:: D.N. Nahal Sorek State or Province of Mailing Address:: Country of Mailing Address:: Israel Postal or Zip Code of Mailing Address:: 76880 **Applicant Authority Type::** Inventor **Primary Citizenship Country::** Israel **Full Capacity** Status:: Given Name:: Ehud

Family Name:: HAUBEN

Name Suffix::

Middle Name::

City of Residence:: Hadera

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 38 Ha'alon Street

City of Mailing Address:: Hadera

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 38244

**Correspondence Information** 

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::
This Application Continuation-in-Part of 09/893,344 06/28/01
This Application Continuation-in-Part of PCT/IL2004/000008 01/06/04

This Application Continuation-in-Part of PCT/IL02/00979 12/05/02
This Application Appln claiming benefit of 35 USC 119(e) 60/527,772 12/09/03
This Application Appln claiming benefit of 35 USC 119(e) 60/518,627 11/12/03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information** 

Assignee Name:: Yeda Research and Development Co. Ltd.

Street of Mailing Address:: Weizmann Institute of Science, PO Box 95

City of Mailing Address:: Rehovot

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 76100